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## BIB DATA SHEET

CONFIRMATION NO. 8804

<b>SERIAL NUMBER</b> 10/593,172	<b>FILING or 371(c) DATE</b> 09/15/2006 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 4177	<b>ATTORNEY DOCKET NO.</b> 065391-0002		
<b>APPLICANTS</b> Harold E. Cutler, Waukegan, IL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US2005/040029 11/04/2005 /CS/ which claims benefit of 60/522,763 11/04/2004 <b>** FOREIGN APPLICATIONS *****</b> NONE /CS/ <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/15/2008						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/COLIN W STUART/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Harold E. Cutler 317 Oak St. Waukegan, IL 60085 UNITED STATES						
<b>TITLE</b> Oral Device						
<b>FILING FEE RECEIVED</b> 300	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees			
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